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APPLICANTS Michael S.H. Chu, Brookline, MA;						
** CONTINUING DATA ***** <i>none</i>						
** FOREIGN APPLICATIONS ***** <i>none</i>						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/26/2001						
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 3	
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>[Signature]</i>						
Verified and Acknowledged		Examiner's Signature		Initials		
ADDRESS 22852						
TITLE Endoscopic apparatus and method						
FILING FEE RECEIVED 2966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			